

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09/06/09
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	9/12
FORMALITY REVIEW	<i>[Signature]</i>	1121	10-5-2001
RESPONSE FORMALITY REVIEW	<i>Request</i>	925	12-28-01

TCW 1147

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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